



Application For Child Employment Permit

Please ensure you have read the Guidance provided prior to completing the application.

Part 1 To be completed by the employer

Name of Child:	Date of Birth:
Home address (including post code):	
Telephone number:	
School attended:	
Name and Address of Employer (including postcode):	
Telephone:	
Email address:	
Nature of your business:	
Place of Child's proposed employment:	
Task involved in proposed employment:	
Date on which a health and safety risk assessment was made or reviewed in respect of this child (management of Health and Safety at Work Regulations 1999) We may ask to view this:	



Please enter the hours of employment excluding meal breaks.

No child shall be employed before 7am or after 7pm of any day. A child employed for more than 4 hours on any day must have a rest break of one hour.

Term Time

The total number of hour worked on any school day or Sunday must not exceed 2 hours. On Saturday a child aged 13-14years can work a max of 5 hours, a child aged 15-16years can work a max of 8 hours.

Term Time	Start Time	Finish Time	Start Time	Finish Time	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Number of Hours employed for week (must not exceed 12 hours)					

Holidays

During the holidays a child aged 13-14years can work a max of 5 hours/ day; a child aged 15-16years can work a max of 8 hours/day. Any child cannot work more as 2 hours on a Sunday.

Holidays	Start Time	Finish Time	Start Time	Finish Time	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total number of hours employed for week Max. of 25 hours/week for a child aged 13-14years Max. of 35 hours/week for a child aged 15-16 years					

N.B. Each calendar year a child must have at least 2 consecutive weeks without employment during the school holidays.

I CAN CONFIRM THAT:

I have read and understood the Guidance and Bye-Laws relating to the employment of children and believe the employment to be lawful.

The child's health, welfare or ability to take full advantage of his/her education will not be jeopardised.

Signature:		Date:
Print Name:	Position:	



Part 2 To be completed by the child

I am aware of the nature of the proposed employment and support the employer's request for an Employment Permit

Signature:	Date:
Print Name:	

Part 3 To be completed by the parent/guardian (please read the guidance and bye-laws prior to completion)

Name:
Address (including postcode) if different to the child's:
Telephone number:
Email address:

I have read Part 1 of this form and agree to my child being employed in the job described. I am satisfied that my child is fit to undertake the job. (The child's doctor should be consulted if there are any doubts about a child's fitness)

Signature:	Date:
Print Name:	



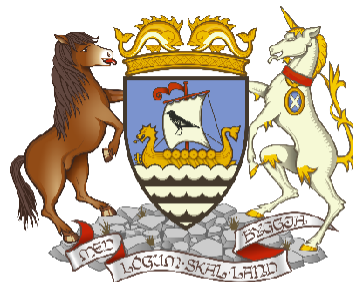
Part 4 To be completed by the Pupil Support Teacher

Pupil's Year and Class		
Is the Pupil's birth date correct	YES / NO <input type="checkbox"/> <input type="checkbox"/>	
Is the proposed employment likely to have a detrimental effect on the Pupil's health, welfare and education?	YES / NO <input type="checkbox"/> <input type="checkbox"/>	If yes, please give details:
Do you approve of this application?	YES / NO <input type="checkbox"/> <input type="checkbox"/>	If no, please give details:
If any reason for doubt exists: <ul style="list-style-type: none"> - A medical report may be sought - The permit may be refused 		

Signature:	Date:
Print name:	Position:

On completion of all parts above please return to Marevana Odie via email at youthservices@shetland.gov.uk

Or via post to:
 Marevana Odie
 Work Permits
 Youth and Employability Service
 66 Commercial Road
 Lerwick
 ZE1 0NJ



SHETLAND
 ISLANDS COUNCIL
 YOUTH & EMPLOYABILITY SERVICE

For official use only:

Medical report required	YES and Received	NO
Certificate issued	Date:	Initials:
Letter of Refusal Sent	Date:	Initials: